



Address/Name Change

Wisconsin Department
of Employee Trust Funds
801 W Badger Road
PO Box 7931
Madison WI 53707-7931

1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

Please print

1. Information About You	
Your name (Last, First, MI)	DOB (MM/DD/CCYY)
Your SSN or ETF Member ID	(For Beneficiaries only) original participant's SSN or ETF Member ID
Current or new mailing address (street address including apartment or P.O. Box)	
2 nd address line	
(City, state, ZIP code)	(Foreign country, if applicable)
<input type="checkbox"/> Check here if this is an address change and provide your previous address below.	<input type="checkbox"/> Effective immediately <input type="checkbox"/> Effective on: ___/___/___
Previous mailing address (street address including apartment or P.O. Box)	
2 nd address line	
(City, state, ZIP code)	(Foreign country, if applicable)
2. Name Change (leave this section blank if not applicable)	
Change name from (last, first, MI)	
Change name to (last, first, MI)	
3. Contact Information	
Daytime phone number (including area code)	Alternate phone number (including area code)
E-mail address	
4. Authorization	
By signing, you authorize ETF to update your account with the information provided above.	
Your signature (required)	Today's date (MM/DD/CCYY)

Mail or fax the completed form to ETF.

